

SAMPLE APPLICATION FOR EMPLOYMENT

This form is provided to employers by Washington State Employment Security. The form complies with state and federal laws against discrimination in employment, however, employers using this form should check local ordinances. The Employment Security Department does not accept responsibility for the misuse of information provided on this form by parties other than the department.

Provide all information requested by typing or printing in ink. Please read carefully before you sign this application.
False statements on this application form shall be considered sufficient cause for termination.

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, religion, national origin, age, the presence of a non-job-related handicap, or status as a disabled or Vietnam-era veteran.

GENERAL INFORMATION **SAMPLE APPLICATION** **SAMPLE APPLICATION** **SAMPLE APPLICATION.**

Name (Last) DOE	(First) JOHN	(Middle Initial) A.	Home Telephone (INCLUDE AREA CODE)
Address (Number & Street) (City) (State) (Zip) STREET OR PO BOX YOUR TOWN YOUR STATE INCLUDE			Other Telephone MESSAGE PHONE
Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No DON'T LEAVE BLANK		Social Security # IMPORTANT (DON'T LEAVE BLANK)	
Names Of Relatives Employed By This Company FILL IN NAMES OR USE "N/A" (MEANS NOT APPLICABLE)			
Person(s) To Contact In Case Of Emergency (Include Name And Phone Number) IMPORTANT!! (DON'T LEAVE BLANK)			

POSITION

Position Or Type Of Employment Desired USE JOB TITLE THE EMPLOYER USED IN THE JOB ORDER OR AD.	Will Accept: <input type="checkbox"/> Full-Time <input type="checkbox"/> Day Shift <input type="checkbox"/> Part-Time <input type="checkbox"/> Swing Shift <input type="checkbox"/> Temporary <input type="checkbox"/> Graveyard Shift
Will you be able to perform the duties of the position for which you are applying with, or without accommodation? <input type="checkbox"/> With <input type="checkbox"/> Without CHECK APPROPRIATE BOX (NEED OF WHEELCHAIR RAMPS, SPECIAL CHAIRS, HEARING OR SIGHT IMPAIRMENTS ARE EXAMPLES OF "ACCOMMODATIONS")	COMPLETE APPROPRIATE SECTIONS.
If with, please explain: FILL IN, IF APPROPRIATE.	Date Available <input type="checkbox"/> Rotating Shift

EDUCATION AND TRAINING

High School Graduate Or General Education Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No (CHECK APPROPRIATE BOX) If no, circle the highest grade completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 List Below College, Business School, Military, Etc. (Most recent first)							
Name And Location	Dates Attended Month/Year	Credits Earned			Grad Yes/No	Degree Year	Major Or Subject Taken
		Quarter Hours	Semester Hours	Other			
COMPLETE IF YOUR EDUCATION AND/OR TRAINING IS MORE THAN HIGH SCHOOL.							
License, Certificate Or Registration DON'T FORGET YOUR DRIVER'S LICENSE OR OTHER LICENSES OR CERTIFICATIONS RELATED TO THE JOB.	Number		Where Issued		Date Of Issue	Expiration Date	
Languages Read, Written or Spoken Fluently Other Than English PROVIDE FULL INFORMATION OR USE "N/A." DON'T LEAVE BLANK!							

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

LIST THE SKILLS YOU WANT THE EMPLOYER TO CONSIDER, INCLUDING HOBBIES.
DON'T FORGET YOUR PEOPLE SKILLS.!

VETERAN INFORMATION

Branch Of Service COMPLETE OR USE "N/A"	Date of Entry	Date of Discharge
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WORK EXPERIENCE (Include voluntary work and military experience.)

Employer:	Telephone Number: ()	From:
Address:		(Month/Year)
Your Title:	Number Employees Supervised:	To:
Specific Duties:		(Month/Year)
<p>WRITING "SEE RESUME" INSTEAD OF THE JOB DESCRIPTION IS NOT ACCEPTABLE.</p> <p>PUT YOURSELF IN THE EMPLOYER'S SHOES. WHAT WOULD YOU WANT TO KNOW ABOUT A PROSPECTIVE EMPLOYEE?</p> <p>IT IS IMPORTANT TO COMPLETE <u>ALL</u> BOXES IN THIS SECTION FOR EACH JOB/WORK EXPERIENCE YOU LIST. THE NAME/TELEPHONE NUMBER/YOUR TITLE/NUMBER OF EMPLOYEES SUPERVISED AND YOUR JOB DUTIES ARE EXTREMELY HELPFUL TO AN EMPLOYER.</p> <p>A DETAILED DESCRIPTION OF YOUR JOB DUTIES SHOULD BE SHOWN <u>INCLUDING</u> VOLUNTEER AND/OR MILITARY EXPERIENCES.</p> <p><u>IF YOU HAVE NO WORK EXPERIENCE PLACE "NONE" IN THE "SPECIFIC DUTIES" BOX.</u></p> <p>SEE SAMPLE JOB DESCRIPTIONS BELOW.</p>		Hours Per Week: COMPLETE
		Last Salary: \$ COMPLETE
		Supervisor: COMPLETE
Reason For leaving: "LACK OF WORK", "RETURNED TO SCHOOL", "RELOCATED" ARE ACCEPTABLE. <u>IF YOU QUIT OR WERE DISCHARGED</u> , TRY "WILL DISCUSS AT INTERVIEW " AS A REASON.		

Employer: ABC CONSTRUCTION COMPANY	Telephone Number: (509) 666-5555	From: 6-1998
Address: 1234 SAMPLE AVENUE, YOUR TOWN, WA. 98000		(Month/Year)
Your Title: LEAD WORKER	Number Employees Supervised: UP TO 10	To: 11-1998
Specific Duties:		(Month/Year)
<p>JOURNEY LEVEL. TEN YEARS EXPERIENCE. PERFORMED ALL PHASES OF RESIDENTIAL, CONSTRUCTION FROM RUNNING GRADES AND READING BLUEPRINTS TO FORMING, FRAMING, FINISHING, CABINET HANGING, DRYWALL, WINDOW AND DOOR INSTALLATION. HAVE ALL HAND AND POWER TOOLS. ACTED AS FOREMAN ON 3 JOBS.</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">SAMPLE</p>		Hours Per Week: 40-50
		Last Salary: \$ 15.00 P/HR
		Supervisor: TOM JONES
Reason For leaving: JOB COMPLETED		

Employer: XYZ INDUSTRIES	Telephone Number: (206) 777-2222	From: 3-1988
Address: 10 INDUSTRIAL WAY, COASTAL TOWN, WA. 98800		(Month/Year)
Your Title: EXECUTIVE SECRETARY	Number Employees Supervised: 3	To: 11-1998
Specific Duties:		(Month/Year)
<p>OPENED AND DISTRIBUTED MAIL. ASSIGNED OFFICE DUTIES TO STAFF, TEN KEY BY TOUCH. TYPE 65 WPM . FAMILIAR WITH MICROSOFT WORD, WINDOWS 98, WINDOWS XP, MICROSOFT EXCEL 97 & 2000, POWERPOINT, SPREADSHEETS. PERFORMED LIGHT BOOKKEEPING. ORDERED SUPPLIES. DID INVENTORY CONTROL, SET UP FILES AND ESTABLISH OFFICE PROCEDURES. ACTED AS INITIAL INTERVIEWER AND RECOMMENDED HIRES.</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">SAMPLE</p>		Hours Per Week: 40
		Last Salary: \$ 27,500.00 /YR
		Supervisor: ART SMITHSON
Reason For leaving : BUSINESS CLOSURE.		

I swear all statements in this application are true and correct. False information may be cause for dismissal.

Signature Of Applicant **BE SURE TO SIGN!!!!** DATE **COMPLETE!!**

Interviewer's Comments:
NORMALLY LEFT BLANK BUT MAY BE USED TO LIST REFERENCES IF INSTRUCTED TO DO SO.